Maple Reinders
Integrity in Building Excellence

CONTACT TRACING TIMELINE FORM

Use this form to help organize the information you are receiveing from individuals onsite or in the office.

Names and information of the individual/s that have **TESTED POSITIVE FOR COVID-19**

Name:		Name:
PHONE #:		PHONE #:
PROJECT / LOCATION :		PROJECT / LOCATION :
Date of test:		Date of test:
Date of result:		Date of result:
Approved date of return:		Approved date of return:

Name and information of the individuals who have had CONTACT WITH A CONFIRMED CASE

Name:		Name:
PHONE #:		PHONE #:
PROJECT / LOCATION :		PROJECT / LOCATION :
Date of test:		Date of test:
Date of result:		Date of result:
Approved date of return:		Approved date of return:

Name and information of the individuals who have had CONTACT WITH A CONFIRMED CASE

Name:		Name:
PHONE #:		PHONE #:
PROJECT / LOCATION :		PROJECT / LOCATION :
Date of test:		Date of test:
Date of result:		Date of result:
Approved date of return:		Approved date of return:

Name and information of the individuals who have had CONTACT WITH A CONFIRMED CASE